

# Acute coronary syndrome

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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## Acute coronary syndrome

- STEMI
- NSTEMI
- Unstable angina

## Presentation

1. Chest pain
  - ☑ Site: retrosternal
  - ☑ Character: tightness, squeezing
  - ☑ What increase: effort
  - ☑ What decrease: rest, dinitra
  - ☑ Associated: with other symptoms listed below
  - ☑ Referred: jaw, neck, left arm, back, epigastric area
2. Dyspnea
3. Epigastric pain
4. Vomiting
5. Sweating
6. Asymptomatic: silent M.I

Chest pain + (HTN, D.M, history of smoking or Dyslipidemia) → E.C.G

## Examination

1. B.P: as nitrates is not given if blood pressure below 90/60
2. Signs of heart failure:
  - ☑ Congested neck veins
  - ☑ L.L oedema
  - ☑ Basal lung fine crepitation
  - ☑ Orthopnea
3. Auscultation of heart
  - ☑ Heart failure → gallop

- ☑ Murmur → rupture of papillary muscle → mitral regurge → pansystolic murmur

## Investigation

1. E.C.G ; Depend on time, onset
  - ☑ In acute M.I → cardiac muscle injury → ST elevation
  - ☑ Cardiac muscle necrosis → pathological Q
2. Cardiac enzymes
  - ☑ CK M.B → elevated 3-7 hour after attack
  - ☑ Troponin → elevated 4-8 hour after attack

## Treatment

1. In acute outpatient
  - ☑ 4 tablets **aspocid** 75 tab
  - ☑ 4 tablets **Plavix** or **clopex**
  - ☑ **Dinitra**
  - ☑ **Ator** 40 tablet (1)
  - ☑ **Concor** 2.5 (1 tablet) → not used if (H rate < 60, systolic BP < 100, Heart failure)
2. In hospital
  - ☑ Oxygen
  - ☑ Morphine → ampule diluted on 10 cm → patient is given 3 cm → afraid of neurogenic shock
  - ☑ 2 cannula → for fear of cardiogenic shock in any time
  - ☑ E.C.G → STEMI
  - ☑ Thrombolysis:
    - Streptokinase → 400 L.E → free at general hospitals
    - Tissue Plasminogen activator (TPA) → very expensive